

Physical, Occupational, and Speech Therapy Management

Provider Orientation Session

Children's Medical Services Health Plan

Operated by Sunshine Health



Empowering
the Improvement
of Care

Medical Benefits Management (MBM)

Addressing the complexity of the healthcare system



10
Comprehensive
solutions



Evidence-based
clinical guidelines



5k+ employees,
including
1k+ clinicians



Advanced, innovative,
and intelligent
technology

Program Overview

Prior Authorization Services

eviCore healthcare (eviCore) will begin accepting prior authorization requests for Physical Therapy, Occupational Therapy, and Speech Therapy services on 10/1/2021 for dates of service 10/1/2021 and after.

Prior Authorization is required for members who are enrolled in Children's Medical Services lines of business/programs.

Prior authorization applies to the following services:

- Outpatient Physical, Occupational, and Speech Therapy



Providers should verify member eligibility and benefits on the secured provider log-in section at: <https://sso.flmmis.com>

Prior Authorization Process - Specialty Therapies

corePath

- Simplified approach to clinical collection attempting to reduce administrative efforts for providers.
- Improves the ability to receive a real time decision when submitting a request via the web or phone.
- “Gets out of the way” of providers who are practicing efficiently and effectively.
- Adds quality measures via inclusion of patient reported functional outcomes.
- Uses data collected over the years from claims data (managed and unmanaged) to set the average # of visits for a condition.
- Acknowledges complexities that may require a greater frequency or intensity of care.
- Allows therapists to provide additional information for cases that are not “average”.

Prior Authorization Process - Speech Therapy

Clinical Information – What eviCore needs and why we need it

- Clinical information is required to determine whether the services requested are medically necessary.
- Use clinical worksheets located at eviCore.com as a guide to determine what clinical information is required.
- Clinical information should be current.
- Information may be up to 20 days old and the standardized testing should have been completed within up to one year prior to the requested start date.
- See appendix for example of the questions you will be asked to answer when submitting by web or phone.

- Note: When initiating a prior authorization request by fax, the only requirement is a completed eviCore worksheet. There is no need to include additional clinical information at this time.

Speech Therapy Clinical Collection Process

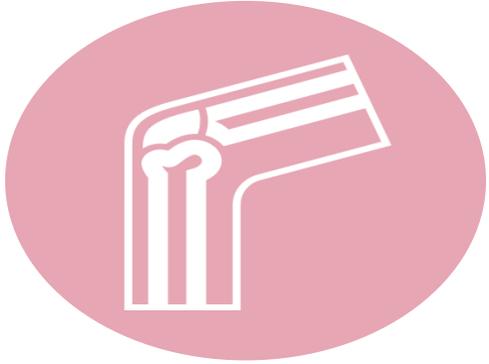
Initial vs Follow Up Requests

Initial Requests:

- Incorporates standardized testing and/or impairment ratings
- Focusing on key clinical elements to decrease administrative burden to begin treatment
- Patient severity and complexity established at entry point

Follow-Up Requests:

- Pathway experience will be similar as initial.
- For all ongoing requests, please submit most recent test results and goals with current objective measures that can support a request for on-going care.



Sample corePath[®] Speech Therapy Worksheet

 Musculoskeletal Program: Speech Therapy																																																																																									
Please use this fax form for NON-URGENT requests only. Failure to provide all relevant information may delay the determination. Phone and fax numbers may be found on eviCore.com under the Guidelines and Forms section. You may also log into the provider portal located on the site to submit an authorization request.																																																																																									
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Has patient responded as expected? <input type="checkbox"/> Yes <input type="checkbox"/> No																																																																																									
TREATMENT PLAN – REQUIRED FOR ALL REQUESTS Enter "0" if unknown. If request is for one visit every 2 weeks, please enter .5 in Visits																																																																																									
Visits Requested PER WEEK: _____	Units Requested PER VISIT: _____	Weeks of care requested: _____ Note: Maximum request = 26 weeks																																																																																							

Prior Authorization Process - Physical/Occupational Therapy

Clinical Information – What eviCore needs and why we need it

- Clinical information is required to determine whether the services requested are medically necessary.
- Use clinical worksheets located at eviCore.com as a guide to determine what clinical information is required.
- **Missing or incomplete clinical information will delay case processing.**
- Clinical information should be current.

- **Pediatric neurodevelopmental requests**
 - Information may be up to 20 days old and the standardized testing should have been completed within up to one year prior to the requested start date.

- **All other PT/OT requests:**
 - Typically something collected within 14 days prior to the request.
 - Be prepared to provide patient reported functional outcome measures with your submission (for example: ODI, NDI, DASH/QuickDASH, LEFS, HOOS JR, KOOS JR).

Prior Authorization Process

Requesting Authorization

- For the first request
 - Evaluate the member before you request prior authorization.
 - This allows providers to evaluate and treat at the initial visit.
 - The evaluation code does not require prior authorization, but treatment does.
 - If treatment is provided during the evaluation visit, you have 7 days from the date of service to submit your request for authorization for the initial treatment.
- If additional care is needed:
 - You may submit your request as early as 7 days prior to the requested start date.
 - This allows time for the request to be reviewed and prevents a gap in care.
 - Remember to provide complete, current clinical information including patient reported functional outcome measures.

Plan of Care Duration

Requesting Authorization

- For your initial request to eviCore, we advise that your plan of care duration reflect the period of time remaining on your current plan of care.
 - For example, if 30 days is left until a new plan of care must be established, only request a 30 day authorization.
 - Then, when you establish the next plan of care, submit a new request for authorization that reflects the frequency/intensity/duration included in that new plan of care.
 - This will sync the plan of care with the authorization process.
-
- **Note:** Florida Medicaid requires an update of the plan of care every 180 days. Therefore, the duration of an authorization request should not exceed 180 days.

Treating Multiple Conditions

Treating Multiple Conditions Within The Same Authorization Period

- If you are treating multiple conditions within the same period, there is no need to request authorization for treatment for each condition.
- The authorization covers all conditions treated within the same period of time.
- If you are treating more than 1 condition, advise eviCore to ensure adequate units are approved.
 - When submitting by the web, you will be asked if you are treating a second condition.
 - Answer = Yes; report information specific to the second condition
 - When requesting authorization over the phone, inform the agent that you are requesting authorization for two conditions.
 - If submitting by fax, complete clinical worksheets for both conditions.



Date Extensions

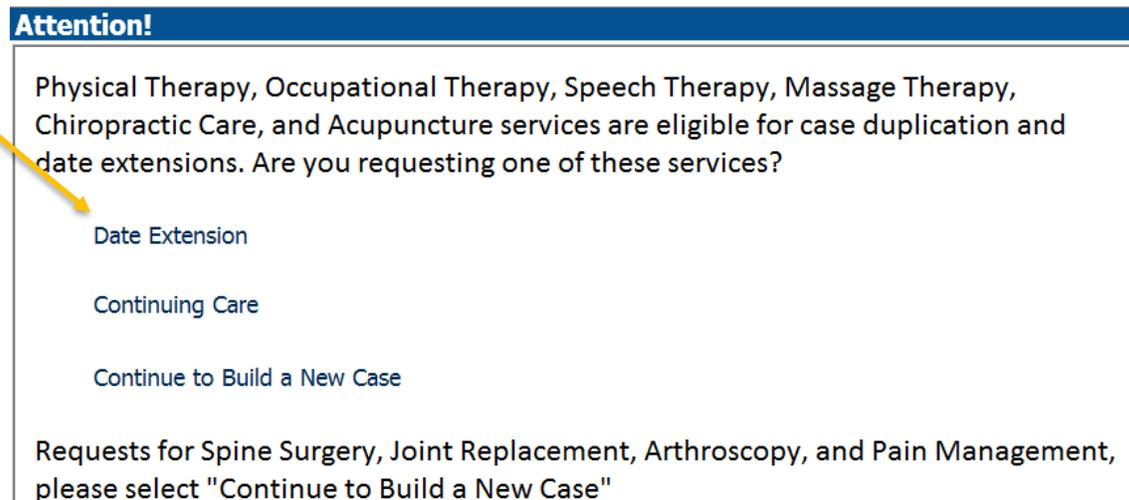
Date extensions are available if you are unable to use all visits and units within the approved period.

- Extend for the period that is needed, up to a maximum of 30 days
- One date extension is available per case
- **Must be requested prior to the expiration of the authorization**

Available

- By phone 855-727-7444
- Online

<https://carriers.carecorenational.com/PreAuthorization/screens/CreateCase.aspx>



Attention!

Physical Therapy, Occupational Therapy, Speech Therapy, Massage Therapy, Chiropractic Care, and Acupuncture services are eligible for case duplication and date extensions. Are you requesting one of these services?

Date Extension

Continuing Care

Continue to Build a New Case

Requests for Spine Surgery, Joint Replacement, Arthroscopy, and Pain Management, please select "Continue to Build a New Case"

Submitting Requests

Methods to Submit Prior Authorization Requests

eviCore Provider Portal (preferred)

The eviCore online portal located at www.eviCore.com is the quickest, most efficient way to request prior authorization and check authorization status, and it's available 24/7

Phone Number:

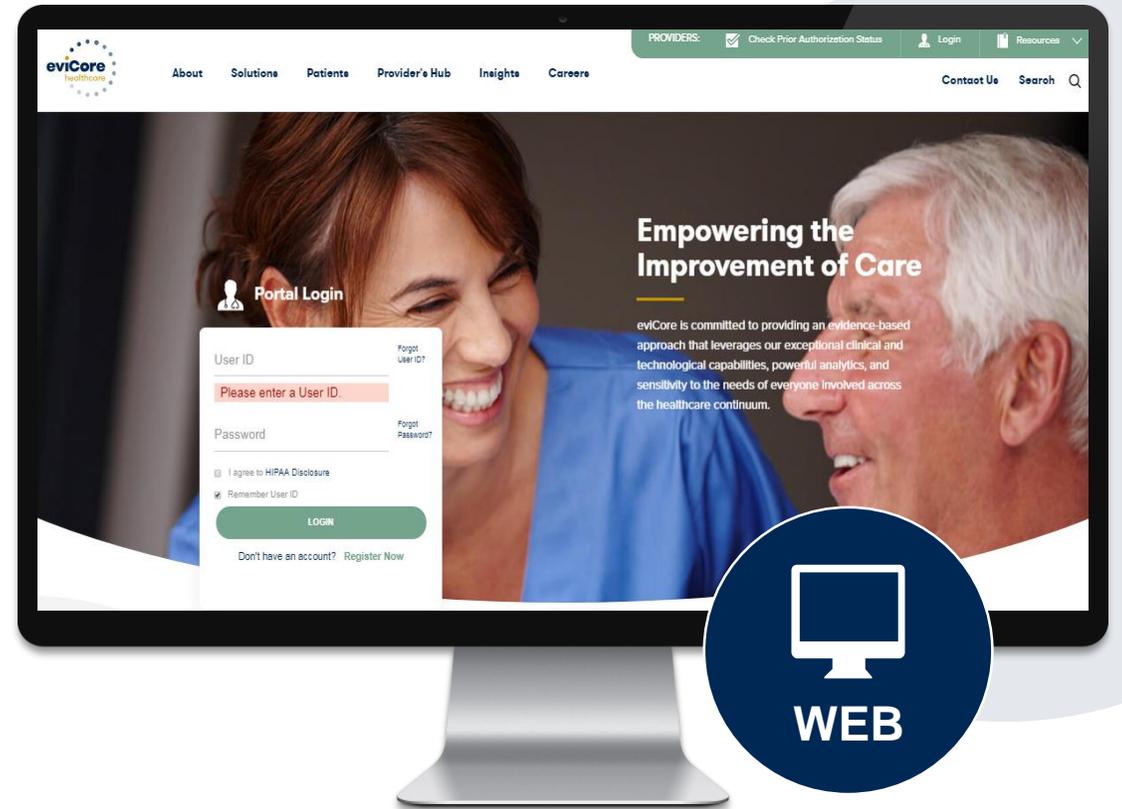
888-333-8641

Monday through Friday:
7 am – 7 pm (local time)

Fax Number:

855-774-1319

PA requests are accepted via fax and can be used to submit additional clinical information



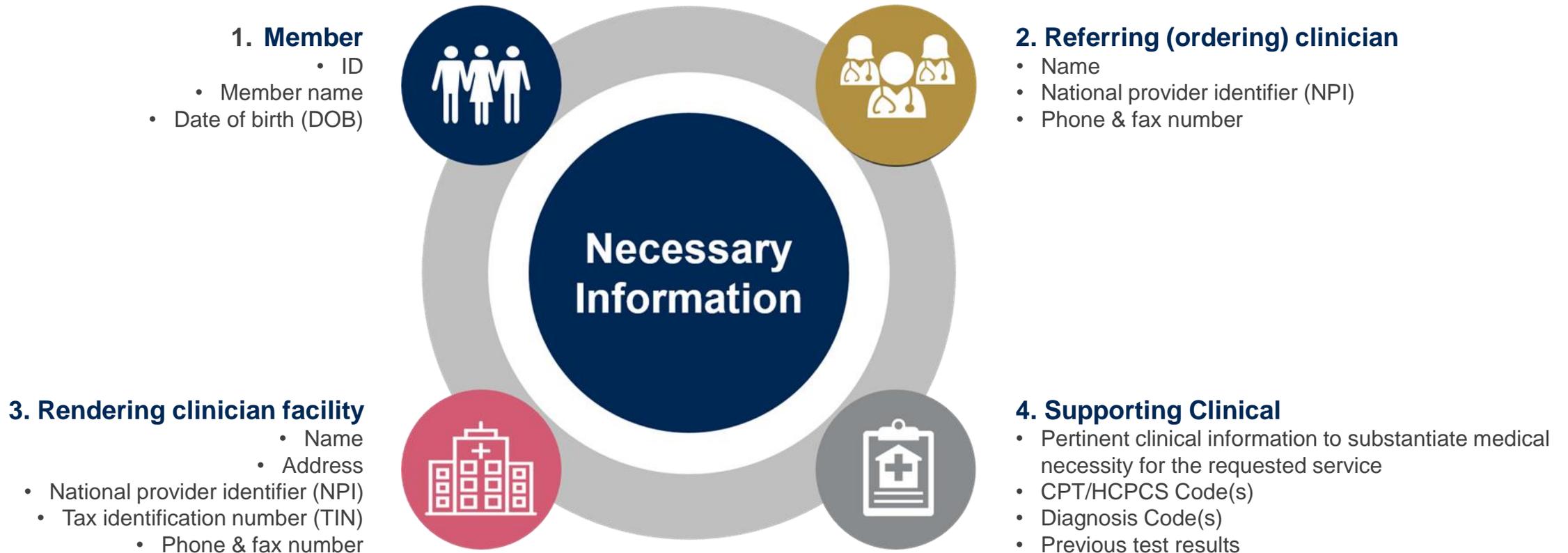
Benefits of Provider Portal

Did you know that most providers are already saving time submitting prior authorization requests online? The provider portal allows you to go from request to approval faster. Listed below are some features and benefits of the portal:

- Saves time: Quicker process than phone authorization requests
- Potential for Real Time Decision
- Available 24/7: You can access the portal any time and any day
- Save your progress: If you need to step away, you can save your progress and resume later
- Upload additional clinical information: No need to fax in supporting clinical documentation, it can be uploaded on the portal to support a new request or when additional information is requested
- View and print case information: Check case status in real-time
- Dashboard: View all recently submitted cases
- Duplication feature: If you are submitting more than one prior authorization request, you can duplicate information to expedite submittals

Keys to Successful Prior Authorizations

To obtain prior authorization on the very first submission, the provider submitting the request will need to gather four categories of information:



Prior Authorization Approval

Approved Requests

- Standard requests are processed within a maximum of 7 calendar days after receipt of all necessary clinical information
- The time frames for which authorizations are valid vary, but often are valid for up to a maximum of 180 days
- When initiating a case through the portal you may receive e-notifications when a determination is made if you have provided your email address
- If you do not initiate a case through the portal, the authorization letters will be faxed to the therapist
- Members will receive a letter by mail
- Approval information can be printed on demand from the eviCore portal: www.eviCore.com



Provider Portal Overview

eviCore healthcare Website

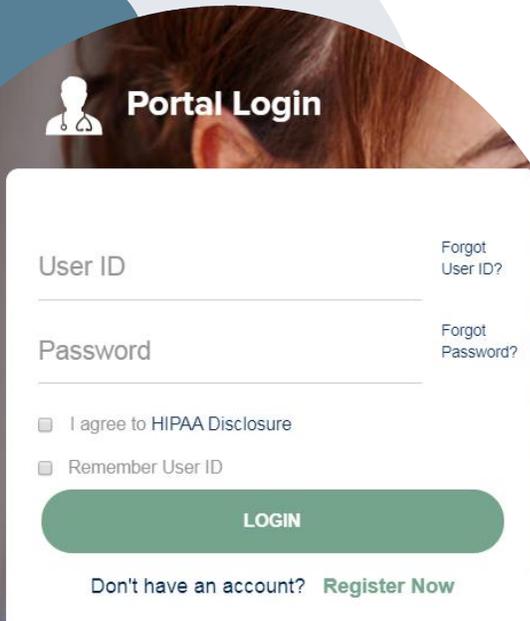
Visit www.evicore.com

Already a user?

If you already have access to eviCore's online portal, simply log-in with your User ID and Password and begin submitting requests in real-time!

Don't have an account?

Click "Register Now" and provide the necessary information to receive access today!



Portal Login

User ID [Forgot User ID?](#)

Password [Forgot Password?](#)

I agree to HIPAA Disclosure

Remember User ID

LOGIN

Don't have an account? [Register Now](#)

Creating an Account

The screenshot shows a web form for account creation. It is divided into two main sections: 'Web Portal Preference' and 'User Information'.
1. **Web Portal Preference**: A yellow header bar. Below it, a grey instruction bar says: 'Please select the Portal that is listed in your provider training material. This selection determines the primary portal that you will using to submit cases over the web.' Below this is a 'Default Portal*' dropdown menu. The menu is open, showing options: '--Select--', '--Select--', 'CareCore National Medsolutions', and 'Medsolutions'. A red arrow points to 'CareCore National Medsolutions'.
2. **User Information**: A yellow header bar. Below it, a grey instruction bar says: 'All Pre-Authorization notifications will be sent to the fax number and email address provided below. Please make sure you provide valid information.' Below this are several input fields:
- 'User Name*': text input field.
- 'Email*': text input field.
- 'Confirm Email*': text input field.
- 'First Name*': text input field.
- 'Last Name*': text input field.
- 'Address*': a multi-line text area.
- 'City*': text input field.
- 'State*': dropdown menu with 'Select' and a downward arrow.
- 'Zip*': text input field.
- 'Office Name': text input field.

- Select **CareCore National** as the **Default Portal**, complete the **User Information** section in full, and **Submit Registration**.
- You will immediately be sent an email with a link to create a password. Once you have created a password, you will be redirected to the log-in page.

Welcome Screen

Home Certification Summary Authorization Lookup Eligibility Lookup Clinical Certification Certification Requests In Progress MSM Practitioner Perf. Summary Portal Resources Manage Your Account Help / Contact Us **MedSolutions Portal**

Tuesday, May 12, 2020 4:20 PM

Welcome to the CareCore National Web Portal. You are logged in as

Providers must be added to your account before cases can be submitted over the web. Please select "Manage Account" to add providers.

REQUEST AN AUTH

RESUME IN-PROGRESS REQUEST

SUMMARY OF AUTH

AUTH LOOKUP

MEMBER ELIGIBILITY

If needed, you can access the MedSolutions Portal at any time (for other health plans) without having to provide additional log-in information. Click the MedSolutions Portal in the top-right corner to seamlessly toggle back and forth between the two portals.

NOTE: All requests for patients under **Children's Medical Services Health Plan Operated by Sunshine Health** will go through the **CareCore portal**.

Add Practitioners

The image shows two overlapping web forms. The background form is titled 'Manage Your Account' and contains fields for 'Office Name', 'Address', 'Primary Contact', and 'Email Address'. It includes buttons for 'CHANGE PASSWORD', 'EDIT ACCOUNT', and 'ADD PROVIDER'. Below these is a table with the text 'No providers on file' and a 'CANCEL' button. The foreground form is titled 'Add Practitioner' and contains instructions: 'Enter Practitioner information and find matches.' and '*If registering as rendering genetic testing Lab site, enter Lab Billing NPI, State and Zip'. It has input fields for 'Practitioner NPI', 'Practitioner State' (a dropdown menu), and 'Practitioner Zip', along with 'FIND MATCHES' and 'CANCEL' buttons.

- Select the **Manage Your Account** tab, then select **Add Provider**
- Enter the NPI, state, and zip code to search for the provider
- Select the matching record based on your search criteria
- Once you have selected a practitioner, your registration will be complete
- You can also click **Add Another Practitioner** to add another provider to your account
- You can access the **Manage Your Account** tab at any time to make any necessary updates or changes

Initiating a Case

Request an Authorization

To begin, please select a program below:

- Durable Medical Equipment(DME)
- Gastroenterology
- Lab Management Program
- Medical Oncology Pathways
- Musculoskeletal Management
- Radiation Therapy Management Program (RTMP)
- Radiology and Cardiology
- Sleep Management
- Specialty Drugs

CONTINUE

[Click here for help](#)

Attention!

Physical Therapy, Occupational Therapy, Speech Therapy, Massage Therapy, Chiropractic Care, and Acupuncture services are eligible for case duplication and date extensions. Are you requesting one of these services?

- Date Extension
- Continuing Care
- Continue to Build a New Case

Requests for Spine Surgery, Joint Replacement, Arthroscopy, and Pain Management, please select "Continue to Build a New Case"

- Choose **Clinical Certification** to begin a new request
- Select the **Musculoskeletal Management**
- You can duplicate via **Date Extension** or **Continuing Care**
- You case also **Build a New Case**

Initiating a Case – Provider Selection

Requesting Provider Information

Select the provider for whom you want to submit an authorization request. If you don't see them listed, click [Manage Your Account](#) to add them.

Filter Last Name or NPI:

SEARCH **CLEAR SEARCH**

Provider	
SELECT	[REDACTED]

BACK **CONTINUE**

- Enter the requesting provider information

Select Health Plan & Provider Contact Info

Choose Your Insurer

Requesting Provider: [REDACTED]

Please select the insurer for this authorization request.

Please Select a Health Plan ▼

BACK **CONTINUE**

[Click here for help.](#)

Urgent Request? You will be required to upload relevant clinical info at the end of this process. [Learn More.](#)

Don't see the insurer you're looking for? Please call the number on the back of the member's card to determine if an authorization through eviCore is required.

- Choose Sunshine Health as your health plan*
- Once the plan is chosen, select the provider address in the next drop-down box
- Select CONTINUE and on the next screen add your contact information
- Provider name, fax and phone will pre-populate, you can edit as necessary
- By entering a valid email you may receive future e-notifications

Add Your Contact Info

Provider's Name:* [REDACTED] [?]

Who to Contact:* [REDACTED] [?]

Fax:* [REDACTED] [?]

Phone:* [REDACTED] [?]

Ext.: [REDACTED] [?]

Cell Phone: [REDACTED]

Email: [REDACTED]

BACK **CONTINUE**

***Important Update: Beginning on 12/21/21, when you submit a therapy request on the eviCore web portal, please start selecting “CMS Health Plan” from the drop down list instead of “Sunshine Health.”**

Patient Information & Treatment Start Date

Patient Eligibility Lookup

Patient ID:*

Date Of Birth:* MM/DD/YYYY

Patient Last Name Only:* [?]

ELIGIBILITY LOOKUP

BACK

Attention!

Time: 6/11/2020 1:22 PM

What is the expected procedure date or treatment start date for this request? MM/DD/20YY

SUBMIT

- Enter the **member information** including the patient ID number, date of birth, and last name. Click **Eligibility Lookup**.
- Enter the treatment start date for the patient

Case Details

Requested Service + Diagnosis

This procedure will be performed on 6/22/2020.

CHANGE

Musculoskeletal Management Procedures

Select a Procedure by CPT Code[?] or Description[?]
MSMPT | PHYSICAL THERAPY
Don't see your procedure code or type of service? [Click here](#)

Diagnosis

Select a Primary Diagnosis Code (Lookup by Code or Description)
M25.50 | **LOOKUP**
Trouble selecting diagnosis code? Please follow [these steps](#)
Secondary Diagnosis Code: **M25.50**
Description: **Pain in unspecified joint**
[Change Secondary Diagnosis](#)

Attention!

Will the procedure be performed in your office?

BACK

[Click here for help](#)

- Enter the CPT code (MSMPT or MSMOT)
- Also add diagnosis code(s)
- Note: Place of service can vary depending on health plan rules

Verify Service Selection

Requested Service + Diagnosis

Confirm your service selection.

Procedure Date: 6/22/2020
CPT Code: MSMPT
Description: PHYSICAL THERAPY
Primary Diagnosis Code: M25.50
Primary Diagnosis: Pain in unspecified joint
Secondary Diagnosis Code:
Secondary Diagnosis:

[Change Procedure or Primary Diagnosis](#)

[Change Secondary Diagnosis](#)

BACK

CONTINUE

[Click here for help](#)

Attention!

Patient ID: 000000000

Time: 6/19/2020 6:38 PM

Patient Name: FOGLE, GREGORY J

Please review the patient's MSM history. You may be asked about this history during clinical review.

MSM History

Episode Date	Episode ID	Patient Name	CPT Code	CPT Description	Case Status
4/7/2020	000000000	FOGLE, GREGORY J	MSMPT	PHYSICAL THERAPY	A
3/18/2020	000000000	FOGLE, GREGORY J	MSMOT	OCCUPATIONAL THERAPY	A
9/17/2019	000000000	FOGLE, GREGORY J	MSMOT	OCCUPATIONAL THERAPY	A
7/18/2019	000000000	FOGLE, GREGORY J	MSMOT	OCCUPATIONAL THERAPY	A
4/26/2019	000000000	FOGLE, GREGORY J	MSMPT	PHYSICAL THERAPY	A

- Review the patient's history
- Verify requested service and diagnosis
- If necessary, you can edit any information by selecting **Change Procedure or Primary Diagnosis**
- Click **Continue** to confirm your selection

Site Selection

Start by searching NPI or TIN for the site where the procedure will be performed. You can search by any fields listed. Searching with NPI, TIN, and zip code is the most efficient.

Add Site of Service

Specific Site Search
Use the fields below to search for specific sites. For best results, search by NPI or TIN. Other search options are by name plus zip or name plus city. You may search a partial site name by entering some portion of the name and we will provide you the site names that most closely match your entry.

NPI:	<input type="text"/>	Zip Code:	<input type="text"/>	Site Name:	<input type="text"/>
TIN:	<input type="text"/>	City:	<input type="text"/>	<input checked="" type="radio"/> Exact match	
				<input type="radio"/> Starts with	

LOOKUP SITE

- **Select the specific site where the treatment will be performed.**

Clinical Certification

Proceed to Clinical Information

You are about to enter the clinical information collection phase of the authorization process.

Once you have clicked "Continue," you will not be able to edit the Provider, Patient, or Service information entered in the previous steps. Please be sure that all this data has been entered correctly before continuing.

In order to ensure prompt attention to your on-line request, be sure to click SUBMIT CASE before exiting the system. This final step in the on-line process is required even if you will be submitting additional information at a later time. Failure to formally submit your request by clicking the SUBMIT CASE button will cause the case record to expire with no additional correspondence from eviCore.

BACK

CONTINUE

- **Verify that all information is entered and make any changes needed.**
- **You will not have the opportunity to make changes after this point.**

Standard or Urgent Request?

- If your request is urgent select **No**
- When a request is submitted as Urgent, you will be required to upload relevant clinical information
- You can upload up to FIVE documents in .doc, .docx, or .pdf format
- Your case will only be considered Urgent if there is a successful upload
- If the case is standard select **Yes**

Proceed to Clinical Information

Is this case Routine/Standard?

YES

NO

Example of Questions

Proceed to Clinical Information

 Please select the Place of Service in which this procedure will be performed:

- 11 - Office
- 12 - Patients home
- 22 - Outpatient Hospital

SUBMIT

Finish Later



Did you know?
You can save a certification request to finish later.

CANCEL

[Click here for help](#)

 Will an MD/DO be treating?

- Yes
- No

SUBMIT

Note: Prior authorization is only required for physical therapists/occupational therapists/speech pathologists performing physical, occupational, speech therapy. Medical Doctors (MD) and Doctors of Osteopathic Medicine (DO) do not require pre-authorization through eviCore healthcare.

- Clinical Certification questions may populate based upon the information provided.
- **Note:** You can save your request and finish later if needed, and you will have 2 calendar days to complete the case.
- When logged in, you can resume a saved request by going to “Certification Requests in Progress.”

Medical Review

Clinical Certification

Your case has been sent to Medical Review

Provider Name:

Provider Address:

Contact:

Phone

Number:

Fax Number:

Patient Name:

Insurance Carrier:

Patient ID:

Site Name:

Site Address:

Site ID:

Primary Diagnosis Code: R68.89

Secondary Diagnosis
Code:

CPT Code: M SMPT

Description: Other general symptoms and
signs

Description:

Description: PHYSICAL THERAPY

Modifier:

Authorization Number:

Review Date:

Expiration Date:

Status: Pending

Once the clinical pathway questions are completed, the case might require additional review at eviCore. If this is the case, you will see a message that reads “Your case has been sent to Medical Review.”

You can print the screen and store in the patient’s file.

Authorization for Therapy

When you receive the authorization you can print out the summary of the request for your records.

Summary of Your Request

Please review the details of your request below and if everything looks correct click SUBMIT

Your case has been Approved.

Provider Name:	DR. BHARATH MANU ANKARA VEETHI	Contact:	1416
Provider Address:	1200 6TH AVE N SAINT CLOUD, MN 56301	Phone Number:	(320) 252-1100
		Fax Number:	(320) 252-1100
Patient Name:	WALTER WALKER	Patient Id:	4074493
Insurance Carrier:	WELLSURE		
Site Name:	CLINICAL RESEARCH UNIT	Site ID:	100000
Site Address:	875 UNIVERSITY AVENUE SE CORVALLIS, VA 24303		
Primary Diagnosis Code:	[REDACTED]	Description:	Other general symptoms and signs
Secondary Diagnosis Code:	[REDACTED]	Description:	[REDACTED]
Date of Service:	Not provided		
CPT Code:	73721	Description:	[REDACTED]
Authorization Number:	[REDACTED]		
Review Date:	5/13/2020 1:52:08 PM		
Expiration Date:	6/27/2020		
Status:	Your case has been Approved.		

CANCEL **PRINT** **CONTINUE**

Additional Provider Portal Features

Certification Summary

Certification Summary

Search..

Page 1 of 0

Authorization Number	Case Number	Member Last Name	Ordering Provider Last Name	Ordering Provider NPI	Status	Case Initiation Date	Procedure Code	Service Description	Site Name	Expiration Date	Correspondence	Upload Clinical
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			<input type="text"/>					

Page 1 of 0

- The Certification Summary tab allows you to track recently submitted cases
- The work list can also be filtered

Duplication Feature

Success

Thank you for submitting a request for clinical certification. Would you like to:

- [Return to the main menu](#)
- [Start a new request](#)
- [Resume an in-progress request](#)

You can also start a new request using some of the same information.

Start a new request using the same:

- Program
- Provider
- Program and Provider
- Program and Health Plan

GO

- Duplication feature allows you to start a new request using the same information
- Eliminates entering duplicate information
- Time saver!

Authorization Lookup

Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account
------	-----------------------	----------------------	--------------------	------------------------	------------------------------------	---------------------------------------	-----------	---------------------

Authorization Lookup

Search by Member Information Search by Authorization Number/ NPI

- You can look-up authorization status on the portal
- Search by member information OR search by authorization number with ordering NPI
- View and print any correspondence

Provider Resources

Dedicated Call Center

Prior Authorization Call Center: 888-333-8641

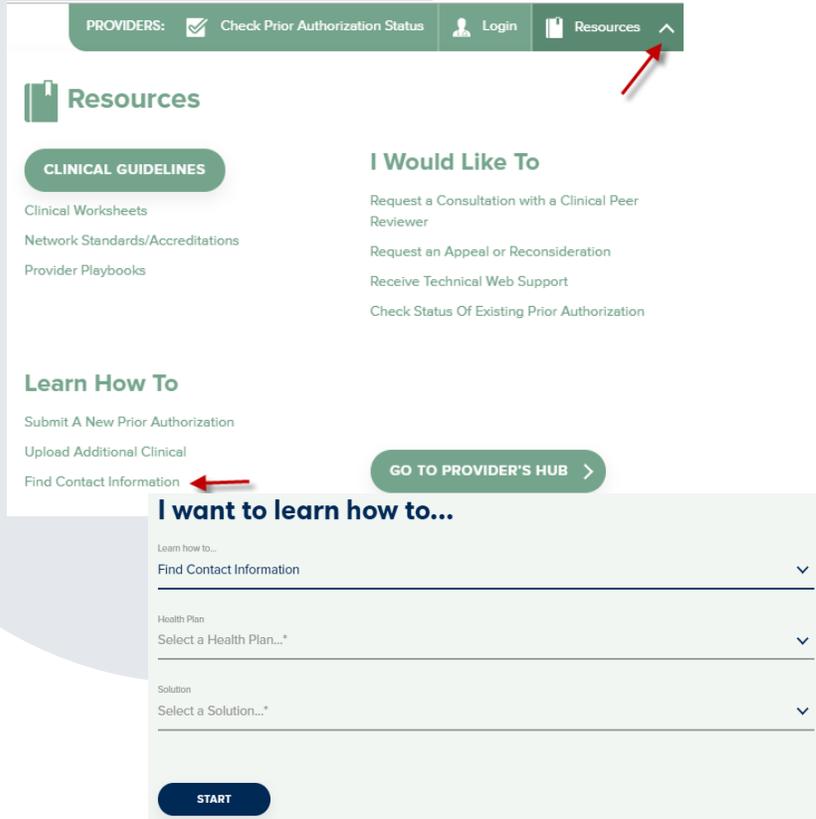
Our call centers are open from 7 a.m. to 7 p.m. (local time).

Providers can contact our call center to perform the following:

- Request Prior Authorization
- Check status of existing authorization requests
- Discuss questions regarding authorizations and case decisions
- Change facility or therapy treatment on an existing case
- Request to speak to a clinical reviewer
- Schedule a clinical consultation with an eviCore Medical Director



Online Resources



Web-Based Services and Online Resources

- You can access important tools, health plan-specific contact information, and resources at www.evicore.com
- Select the Resources to view Clinical Guidelines, Online Forms, and more
- Provider's Hub section includes many resources
- Provider forums and portal training are offered weekly, you can find a session on www.eviCore.WebEx.com, select WebEx Training, and search upcoming for a "eviCore Portal Training" or "Provider Resource Review Forum"
- The quickest, most efficient way to request prior authorization is through our provider portal. Our dedicated **Web Support** team can assist providers in navigating the portal and addressing any web-related issues during the online submission process.
- To speak with a Web Specialist, call (800) 646-0418 (Option #2) or email portal.support@evicore.com

Client & Provider Operations Team

Client and Provider Services

Dedicated team to address provider-related requests and concerns including:

- Questions regarding Accuracy Assessment, Accreditation, and/or Credentialing
- Requests for an authorization to be resent to the health plan
- Eligibility issues (member, rendering facility, and/or ordering physician)
- Issues experienced during case creation

How to Contact our Client and Provider Services team

Email: ClientServices@evicore.com (preferred)

Phone: 1 (800) 646 - 0418 (option 4)

For prompt service, please have all pertinent information available. When emailing, make sure to include the health plan in the subject line with a description of the issue, with member/provider/case details when applicable.



Provider Resource Website

Client Specific Provider Resource Pages

eviCore's Provider Experience team maintains provider resource pages that contain client- and solution-specific educational materials to assist providers and their staff on a daily basis. The provider resource page can include, but is not limited to, the following educational materials:

- Frequently Asked Questions
- Quick Reference Guides
- Provider Training Content

To access these helpful resources, please visit

<https://www.evicore.com/resources/healthplan/sunshinehealth>

**Children's Medical Services Health Plan
Operated By Sunshine Health
Provider Services: 866-790-0530**



Thank You!



Addendum

Sample Therapy corePathSM Pathway for Speech Therapy

Initial Requests

1

Is the request for Speech Therapy related to a neurological condition?

Yes No

2

Indicate all area(s) in which standardized testing was performed or deficit has been identified, if any

- | | |
|--|---|
| <input checked="" type="checkbox"/> Speech | <input type="checkbox"/> Voice |
| <input type="checkbox"/> Feeding/Swallowing | <input type="checkbox"/> Fluency |
| <input type="checkbox"/> Expressive Language | <input type="checkbox"/> Oral Motor |
| <input type="checkbox"/> Receptive Language | <input type="checkbox"/> Written Language |
| <input type="checkbox"/> Pragmatics | <input type="checkbox"/> No testing was performed |
| <input type="checkbox"/> Cognitive Communication | |

3

Indicate all area(s) in which standardized testing was performed or deficit has been identified, if any

- | | |
|--|---|
| <input checked="" type="checkbox"/> Speech | <input type="checkbox"/> Voice |
| <input type="checkbox"/> Feeding/Swallowing | <input type="checkbox"/> Fluency |
| <input type="checkbox"/> Expressive Language | <input type="checkbox"/> Oral Motor |
| <input type="checkbox"/> Receptive Language | <input type="checkbox"/> Written Language |
| <input type="checkbox"/> Pragmatics | <input type="checkbox"/> No testing was performed |
| <input type="checkbox"/> Cognitive Communication | |

Sample Therapy corePathSM Pathway for Speech Therapy

Initial Requests, continued....

4

Speech

i Standard Score - If not done or score unknown please leave score as 0.
45

i Impairment Rating - If not done or rating unknown please select 0%.
40-59% ▾

Submit

High Potential for Immediate Approval
When Pathway is Completed!

Sample Therapy corePathSM Pathway for Speech Therapy

Follow-Up Request – Lack of Response Identified

i You indicated that your patient is NOT responding as expected. Please indicate if any of the following occurred:

- Patient "overdid" activities or exercise resulting in temporary increase in symptoms New injury resulting in significant change
 Symptoms progressed despite treatment Patient did not participate in clinical visits or home program

i Please indicate the nature of the new injury OR overuse incident.

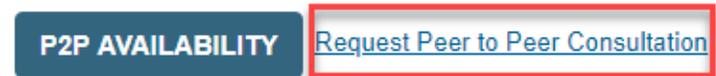
N/A

Lack of Response to Treatment:

- Categories of explanations
- Used in algorithm to determine care
- Future, additional pathway to identify details

How to schedule a Peer to Peer Request

- Log into your account at www.evicore.com
- Perform Authorization Lookup to determine the status of your request.
- Click on the “P2P Availability” button to determine if your case is eligible for a Peer to Peer conversation:
- If your case is eligible for a Peer to Peer conversation, a link will display allowing you to proceed to scheduling without any additional messaging.



Authorization Lookup

Authorization Number:	NA
Case Number:	
Status:	Denied
P2P Status:	



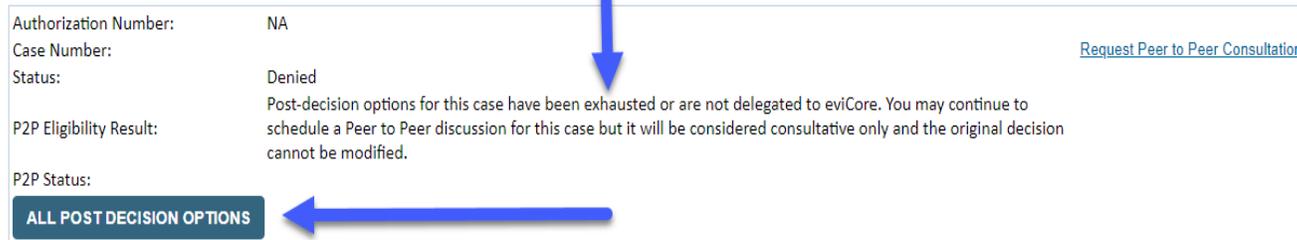
How to schedule a Peer to Peer Request

Pay attention to any messaging that displays. In some instances, a Peer to Peer conversation is allowed, but the case decision cannot be changed. When this happens, you can still request a Consultative Only Peer to Peer. You may also click on the “All Post Decision Options” button to learn what other action may be taken.

Authorization Lookup

Authorization Number:	NA	
Case Number:		Request Peer to Peer Consultation
Status:	Denied	
P2P Eligibility Result:	Post-decision options for this case have been exhausted or are not delegated to eviCore. You may continue to schedule a Peer to Peer discussion for this case but it will be considered consultative only and the original decision cannot be modified.	
P2P Status:		

ALL POST DECISION OPTIONS



Once the “Request Peer to Peer Consultation” link is selected, you will be transferred to our scheduling software via a new browser window.

How to Schedule a Peer to Peer Request

Case Info Questions Schedule Confirmation

New P2P Request

eviCore healthcare P2P Portal

Case Reference Number

Member Date of Birth

+ Add Another Case

Lookup Cases >

Upon first login, you will be asked to confirm your default time zone.

You will be presented with the Case Number and Member Date of Birth (DOB) for the case you just looked up.

You can add another case for the same Peer to Peer appointment request by selecting “Add Another Case”

To proceed, select “Lookup Cases”

You will receive a confirmation screen with member and case information, including the Level of Review for the case in question. Click Continue to proceed.

New P2P Request

eviCore healthcare P2P Portal

Case Ref #: Remove ✔ P2P Eligible

! Reconsideration allowed through eviCore until 11/11/2020 12:00:00 AM.

Member Information	Case P2P Information
Name	Episode ID
DOB	P2P Valid Until 2020-11-11
State	Modality MSK Spine Surgery
Health Plan	Level of Review Reconsideration P2P
Member ID	System Name ImageOne

Continue

How to Schedule a Peer to Peer Request

Case Info

1st Case

Case #

Episode ID

Member Name

Member DOB

Member State

Health Plan

Member ID

Case Type MSK Spine Surgery

Level of Review Reconsideration P2P

Questions

Please indicate your availability

Preferred Days

Mon	Tues	Wed	Thurs	Fri
✓	✓	✓	✓	✗

Preferred Times

Morning					Afternoon						
7:00 to 8:00	8:00 to 9:00	9:00 to 10:00	10:00 to 11:00	11:00 to 12:00	12:00 to 1:00	1:00 to 2:00	2:00 to 3:00	3:00 to 4:00	4:00 to 5:00	5:00 to 6:00	6:00 to 7:00
✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

Time Zone

US/Eastern

[Continue >](#)

You will be prompted with a list of eviCore Physicians/Reviewers and appointment options per your availability. Select any of the listed appointment times to continue.

The list of physicians returned are all trained and prepared to have a Peer to Peer discussion for this case.

← Prev Week 5/18/2020 - 5/24/2020 (Upcoming week) Next Week →

1st Priority by Skill

Mon 5/18/20	Tue 5/19/20	Wed 5/20/20	Thu 5/21/20	Fri 5/22/20	Sat 5/23/20	Sun 5/24/20
6:15 pm EDT 6:30 pm EDT 6:45 pm EDT	-	-	-	-	-	-

1st Priority by Skill

Mon 5/18/20	Tue 5/19/20	Wed 5/20/20	Thu 5/21/20	Fri 5/22/20	Sat 5/23/20	Sun 5/24/20
3:30 pm EDT 3:45 pm EDT 4:00 pm EDT 4:15 pm EDT Show more...	2:00 pm EDT 2:15 pm EDT 2:30 pm EDT 2:45 pm EDT Show more...	4:15 pm EDT 4:30 pm EDT 4:45 pm EDT 5:00 pm EDT Show more...	3:15 pm EDT 3:30 pm EDT 3:45 pm EDT 4:00 pm EDT Show more...	-	-	-

You will be prompted to identify your preferred Days and Times for a Peer to Peer conversation. All opportunities will automatically present. Click on any green check mark to deselect the option and then click Continue.

How to Schedule a Peer to Peer Request

Confirm Contact Details

- Contact Person Name and Email Address will auto-populate per your user credentials

The screenshot displays a four-step process: Case Info, Questions, Schedule, and Confirmation. The 'Schedule' step is active. On the left, 'P2P Info' shows the date (Mon 5/18/20) and time (6:30 pm EDT). Below it, 'Case Info' lists details for the first case, including Case #, Episode ID, Member Name, Member DOB, Member State, Health Plan, Member ID, Case Type (MSK Spine Surgery), and Level of Review (Reconsideration P2P). The main 'P2P Contact Details' section contains several input fields: 'Name of Provider Requesting P2P' (filled with 'Dr. Jane Doe'), 'Contact Person Name' (filled with 'Office Manager John Doe'), 'Contact Person Location' (dropdown menu set to 'Provider Office'), 'Phone Number for P2P' (filled with '(555) 555-5555'), 'Phone Ext.' (filled with '12345'), 'Alternate Phone' (placeholder '(xxx) xxx-xxxx'), 'Phone Ext.' (placeholder 'Phone Ext.'). The 'Requesting Provider Email' field is filled with 'droffice@internet.com'. The 'Contact Instructions' field contains the text 'Select option 4, ask for Dr. Doe'. A 'Submit >' button is located at the bottom right of the form.

- Be sure to update the following fields so that we can reach the right person for the Peer to Peer appointment:

- Name of Provider Requesting P2P
- Phone Number for P2P
- Contact Instructions

- Click submit to schedule appointment. You will be presented with a summary page containing the details of your scheduled appointment.

The screenshot shows a 'Scheduling' summary page. It features a calendar icon and the text 'Scheduled'. Below this, a date and time are displayed: 'Mon 5/18/20 - 6:30 pm EDT'. To the right of the date and time, there is a red oval containing the word 'SCHEDULED' in blue capital letters.

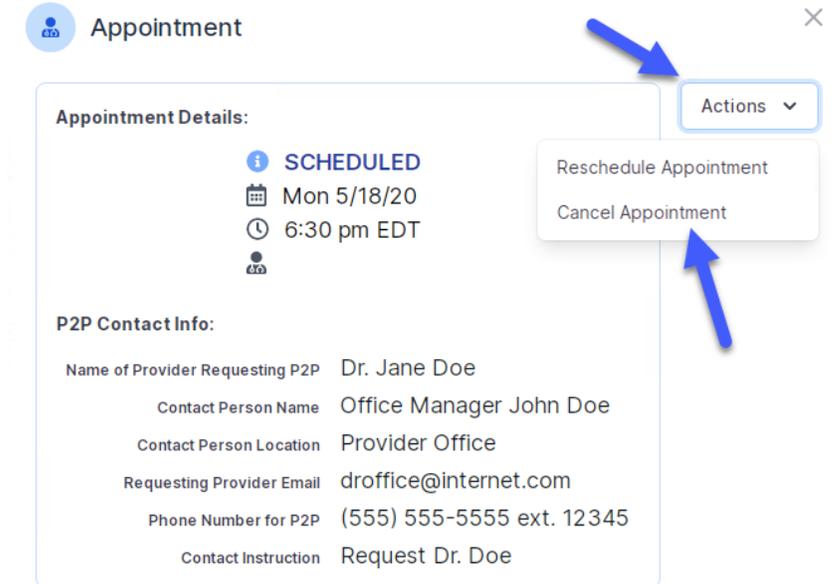
Canceling or Rescheduling a Peer to Peer Appointment

To cancel or reschedule an appointment

- Access the scheduling software per the instructions above
- Go to “My P2P Requests” on the left pane navigation.
- Select the request you would like to modify from the list of available appointments
- Once opened, click on the schedule link. An appointment window will open
- Click on the Actions drop-down and choose the appropriate action

If choosing to reschedule, you will have the opportunity to select a new date or time as you did initially.

If choosing to cancel, you will be prompted to input a cancellation reason



- Close browser once done